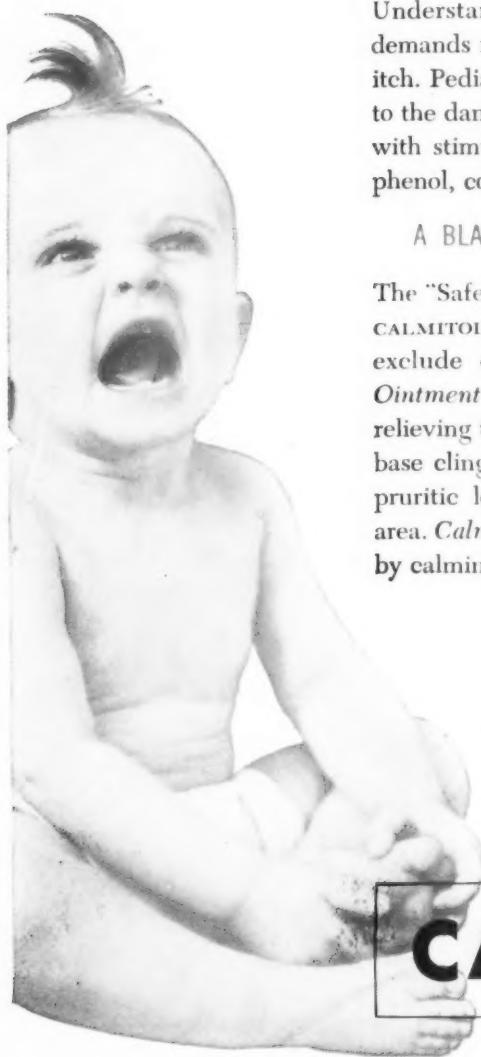




R.N.

APR. 1949

a loud and insistent appeal



Understandably urgent, the pruritic infant demands rapid, *SAFE* control of symptomatic itch. Pediatricians, in particular, must be alert to the dangers of "imprudent topical therapy"¹ with stimulating or keratolytic drugs such as phenol, cocaine and cocaine derivatives.²⁻⁶

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The "Safety First" of antipruritic treatment is *CALMITOL OINTMENT*, expressly formulated to exclude dangerous medicaments. *Calmitol Ointment* is promptly and lastingly effective in relieving the torments of itch. Its fine emollient base clings intimately and protectively to the pruritic lesion and the surrounding affected area. *Calmitol Ointment* calms the little patient by calming the pruritus.

1. Gaul, L. E.: J.A.M.A. 127:439, 1945.
2. Underwood, G. B., and Gaul, L. E.: J.A.M.A. 138:570, 1948.
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6. Gaul, L. E.: *Hygeia* 23:280, 1945.

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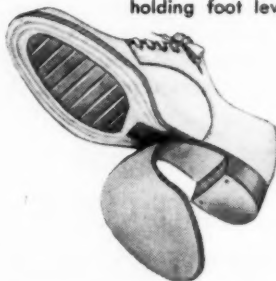
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Doris L. Alexander

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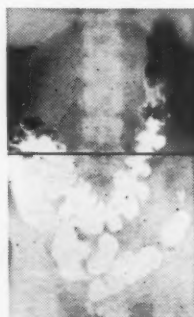


Press in on the abdomen. That's the constriction and downward pressure effect of ordinary garments.

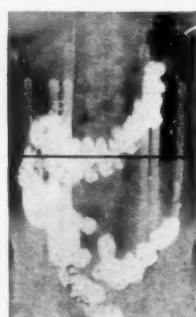


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DEBITS & CREDITS

Start Clippin'

Dear Editor:

Being very interested in the introduction of the series *Drug Digest* in R.N. magazine, I am cutting out the drug summaries from the February issue and pasting them on filing cards so that they will be readily accessible.

These make very handy references, and I wonder if that is what they were originally intended for.

I am sure other R.N. readers would like to know about this so they may accumulate a drug file, as I am doing now.

GRACE A. OLSEN, R.N.
HACKENSACK, N.J.

[You are absolutely correct. The layout purposely simulates 3x5 cards for future reference. We hope R.N.'s readers will find Drug Digest helpful and we should like very much to know the drugs or types of drugs in which you are particularly interested. Reprints of the accompanying drug articles will be available for a slight printing fee.—THE EDITORS]

A Modest Male

Dear Editor:

I herewith take issue with John E. Del Grosso, R.N., who suggests that you occasionally feature a male countenance on your cover [R.N., Jan.]. He states, "Any number of men

would be glad of the opportunity to help you out." Is that a joke, son?

I look forward to your wonderful little magazine both for the articles in it and for those wonderfully gorgeous covers. The January issue is an especially nice number. Please, R.N., keep it that way.

MARTIN A. LAVINE, R.N.
NEW YORK, N.Y.

[Sorry, but the majority vote rules—we will have a man nurse on a future cover. It may be one method of introducing certain people to the fact that there are male as well as female R.N.'s.—THE EDITORS]

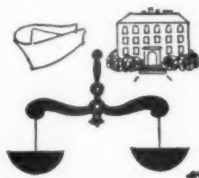
Pointers

Dear Editor:

The editorial "On Compulsory Health Insurance" [R.N., Jan.] is very interesting and gives me a few pointers when answering questions. It seems that a nurse is expected to know all the pros and cons of the compulsory health insurance bill.

R.N., CANTON, OHIO

[Because compulsory health insurance legislation is one of the burning issues of the day, and because its



passage will affect nurses, no less than doctors, we urge all R.N. readers to cast aside reticence and indifference and join the compulsory health insurance discussion in Debits and Credits.—THE EDITORS]

A Chance for John Doe?

Dear Editor:

I was extremely interested in your editorial "On Compulsory Health Insurance" [R.N., Jan.]. Actually you did not mention the shortcomings of such legislation except by referring to socialized medicine plans of other countries. The Wagner-Murray-Dingell bill does not force socialized medicine on us. If you will take the time to study the provisions of the bill and compare them with those of

true socialized medicine as it exists in Great Britain or New Zealand, you will see there is a vast difference between the two.

Doctors and other opponents will regard the bill as socialized medicine, not because they are worried about John Doe having to sit in line to get his pills, but because it is going to put a big crimp in their pocketbooks. I am quite sure doctors would see the whole plan through different colored glasses if the Government would offer them \$50,000 a year under it.

Above all, I don't see why nurses should object to compulsory health insurance, for they have nothing to lose and everything to gain from it. Was it not Government controlled institutions that led the way to better pay and working conditions for



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Winged, tireless feet would be a marvelous invention. Until then remember—heavy shoes "age" your feet and make you tire easily.

You're spirited and your feet feel young in kidskin shoes.

Kidskin is recommended by orthopedists because it is light, porous and supple, yielding to the slightest movement of foot muscle. Kidskin shoes need no "breaking-in" . . . they walk with you.

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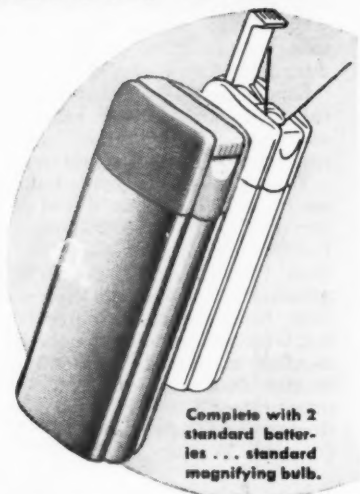
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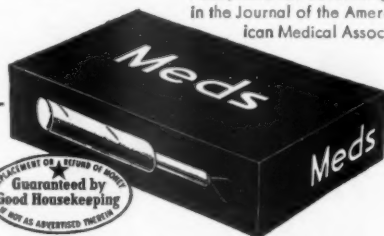
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Yes, to keep a patient's hot, dry mouth and throat moist and comfortable—to put a clean taste on a furry tongue, nothing is better than this cleansing, deodorizing, pleasantly-flavored, alkaline solution. Non-astringent, non-irritating, Glyco-Thymoline may be used as often as desired—In fact, it acts to stimulate mucous membranes. Used by doctors and dentists for over 50 years.

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GLYCO- THYMOLINE

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nurses everywhere in the country?

I am quite sure that this form of insurance will not work satisfactorily in the U.S., chiefly because doctors will throw a monkey wrench into the works at every turn. However, to see if the plan will really work—to quote you—"All that is asked is a chance."

MONA E. KING, R.N.
LONG BEACH, CALIF.

[Your letter deserves a long answer. The 1949 version of the Wagner-Murray-Dingell bill, S.5, is socialized medicine to the extent that its final administration will be under Government auspices, and more than half of the population, or all of those gainfully employed, will be forced to expend part of their earnings to pay for the plan. The main difference between this legislation and that of Great Britain and New Zealand is therefore one of degree rather than concept.]

A few of the shortcomings of S.5, stated briefly, are:

► Political and lay control of medicine. The National Health Insurance Board would consist of five members, including ONE physician. The number of physicians on the Advisory Council is not specified.

► Lack of coverage for mental and tuberculosis patients. It would not furnish hospitalization in a mental or nervous disease or tuberculosis institution for more than 30 days following the diagnosis of tuberculosis or psychosis. Since more than half of the hospital beds today are occupied by mental cases and many thousands by Tb. cases, this is a serious defect.

► Lack of coverage for the unem-



"Oh, Miss Carr, Miss Carr,
aren't they beautiful!"

Lovely Flowers by Wire are *really beautiful*.

And we'll bet you, along with Miss Carr, have seen how happy
they make patients...how flowers "pick them up".



Here's 2 Flower ideas of benefit to all nurses.

The Florists' Telegraph Delivery Association has over 8500 members. Almost all of them deliver hospital flowers *already placed* in containers. And the containers are *already filled* with long lasting, chemically treated water.

FLORISTS' TELEGRAPH DELIVERY ASSOCIATION, 149 Michigan Avenue, Detroit 26, Mich.

ployed and needy. Public and private agencies must pay Government premiums to insure these people.

► The present shortage of doctors may reduce amount of attention given to each patient, thus detracting from doctor-patient relationships and quality of medical care.

Doctors are not chiefly worried about the "crimp in their pocket-books" under this plan; in fact, many would stand to gain financially. They worry most about a crimp in their freedom of professional action.

"Government controlled institutions led the way to better pay and working conditions" only in World War II when nurses were at a premium. Annual salaries of institutional nurses in 1941 averaged \$840 with maintenance; members of the Army

Nurse Corps received exactly the same salary.

You seem to forget that doctors are our main source of medical care. Many of them in policy-making positions have been shortsighted in recognizing the health needs of the people, as witnessed by their uncompromising attitude toward VOLUNTARY health insurance plans. However, it is only fair that they have a voice in the conduct of their own profession.
—THE EDITORS]

Encouragement

Dear Editor:

Thank you for publishing the article, "Rh Factor," [R.N., Oct.]. Since it was recently my personal misfortune to lose my fourth child



TUMS relieve annoying hyperacidity—soothe, settle and sweeten your acid upset stomach. TUMS contain no baking soda—

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because of hemolytic disease, I am grateful for this full and satisfactory explanation of the reason for it as well as knowing that one need not necessarily lose every baby who might be a victim of this condition.

THELMA POIRIER LOWNEY, R.N.
WATSONVILLE, CALIF.

Patient Restraint

Dear Editor:

I wonder how many nurses realize the disturbing mental effects created by restraining the patient. It makes me cringe when I think of my experience with it.

Some time ago I had to take my 84-year-old mother to a small hospital in Massachusetts as a private patient. She is quite slender, weighing only 117 pounds, and has suffered from arthritis and arteriosclerosis for years. At times she becomes very confused. One day while I was out of the room, the nurse restrained her by putting a belt around her and strapping it down to the bed. The poor soul was extremely confused when I came back, became suspicious of everybody and was afraid to take the medicine the nurses brought her, thinking it was poison. Apparently the floor nurses were instructed by the superintendent of nurses to restrain her. I had seen one or two other cases where patients were thrown into a bad mental condition by being restrained. The nurses in this hospital, however, seemed to think it strange that I did not approve.

Hospitals of this sort would do

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well to change some of their rules. In my opinion nurses should never be the ones to decide if a patient should be restrained. The matter is of as much importance to the patient's welfare as any dose of medicine. We were taught in training that restraining the patient was a serious matter and one that only the doctor should decide. Now I know from my own experience and observation how serious it is.

EDITH WILSON, R.N.
PETERBOROUGH, N.H.

A Satisfied Customer

Dear Editor:

Tonight as I read through my copy of R.N., I received a decided lift from the last paragraph of Frances Lewis' article on Pharmacophobia [R.N., Jan.].

Having been away from the pharmacy end of nursing for so long, the only way I have had to read up on the newer drugs has been through the kindness of doctors who have loaned me their periodicals from ethical drug manufacturers. Now, R.N., one of the most progressive nursing magazines, has taken a fine step to fill a long felt need. More than ever before, I won't want to miss a single month's issue.

One more congratulation: for including "cover men" as well as "cover girls." Now if some advertising and articles by male nurses, and perhaps a strictly "male" department, should pop up—well—we men would really feel we were in the swim.

R.N., BELDEN, CALIF.

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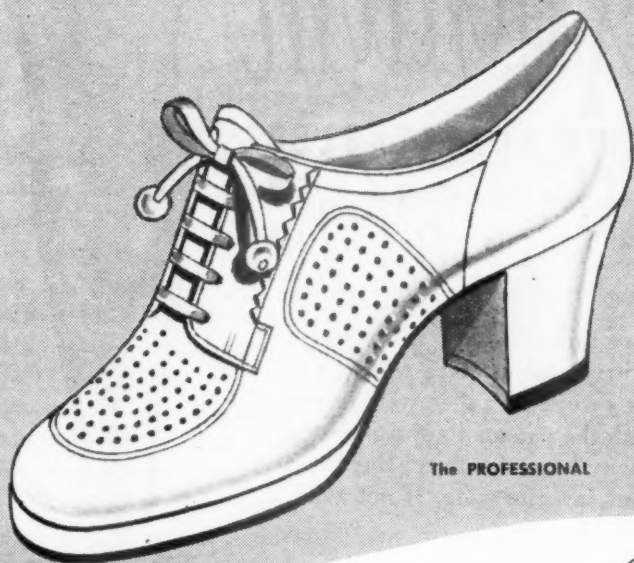
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SCIENCE SHORTS

Nail base preparations may cause severe dermatitis of the nail bed in allergic individuals, according to a report in the *Bulletin of The Johns Hopkins Hospital*. The condition is marked by loosening of the upper half of the nail, hyperkeratoses, brown bands and punctate hemorrhages on the nail, finger edema, and tenderness. While finger nail polish dermatitis occurs at sites remote from the finger such as eyelids and chin, nail base dermatitis is confined to the nail bed and surrounding area.

*

Examination of 27,000 people in Denmark has shown that tallness goes with intelligence.

*

A new diagnostic aid in tumor determination is the tiny ultraviolet lamp, the size of a kernel of corn, that can be introduced into patients' stomachs by the use of gastroscopes. This illumination will make it possible to diagnose many malignant growths without the necessity of exploratory operations for this purpose.

*

Some children's physicians now use lollipops for tongue depressors and are receiving hearty cooperation from their patients.

*

Dr. Arthur J. Gatz of Loyola University Medical School and O. Boyd Houchin of the University of Louisville School of Medicine report that

lack of vitamin E in the diet may be a cause of heart failure. Rabbits, maintained on a diet lacking this vitamin, developed weak spots in various parts of the heart muscle.

*

Annual deaths from childbirth in this country have been reduced from 8,000 to 1,500 in the past 15 years.

*

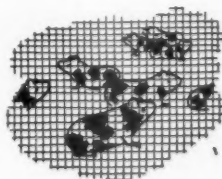
Yellow fever outbreak in Panama, first in 20 years, caused the USPHS to guard U.S. ports of entry closely. Planes coming from tropics were sprayed with DDT and pyrethrum as an extra safety measure. A quarter million doses of yellow fever vaccine and 1,000 blood collecting tubes were flown from the U.S. to the stricken area.

*

Some day, foods may be packaged in nitrogen rather than oxygen to improve their tastes, reports C. A. Heffernon, supervisor of Linde Air Products Co.

*

Lithium chloride, ingredient of certain salt substitutes not approved by the AMA, has recently caused three deaths and poisoned nine



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known cases. Food and Drug Administration warned doctors, hospitals, druggists and patients on salt-free diets against use of West-Sal, Food Sal, Salti-Salt and Milosal, all containing this ingredient. Early symptoms of poisoning resemble those of heart and kidney diseases requiring a salt-free diet. Complaints are of drowsiness, weakness, loss of appetite, nausea, tremors and blurring of vision, according to the JAMA.

*

A new decorative, radiant heating screen, now on the market, provides extra warmth for the baby and keeps shivering individuals happy without turning up the heat. Hospital patients or invalids in homes will be particularly grateful for its comfort.

*

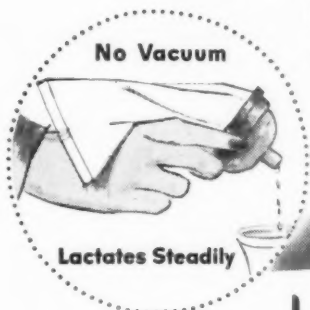
Serious and fatal types of jaundice are on the increase among older persons, according to Dr. Albert M. Snell of the Mayo Clinic. One cause may be the use of pooled blood plasma and other blood products. The blood of persons previously infected but recovered may still have the disease, and may be a source of infection if their blood is transmitted in blood or blood products or by contaminated syringes or needles.

*

The danger of contracting jaundice through plasma transfusions can be eliminated completely by ultraviolet irradiation of plasma, according to intensive studies made in research laboratories by Dr. Bettylee Hampil and associates of Sharp & Dohme, Inc.

"The nearest approach to breast feeding"

say doctors and nurses who have supervised
the feeding of thousands
of babies this new way...



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R.N. Speaks: What Price REALITY?

... Then goeth he, and taketh with himself seven other spirits more wicked than himself, and they enter in and dwell there: and the last state of that man is worse than the first.

Matthew 12:45

WITHIN THE LIFETIME of nurses who are still working in nursing, the scope of nursing practice has developed from private duty and hospital work alone to at least a dozen major fields and their ramifications. Lest the theorists forget, this was accomplished with the graduates of the basic nursing training courses.

There is little doubt that all nurses agree that nursing education must be put on a sound basis and must be improved and strengthened. However, many nurses are puzzled with the stress in the Brown and Ginzberg reports* that the R.N., as we know her now, has had her day.

The question before us at this time is, should the hospital school of nursing with its basic training course be eliminated entirely and be supplanted by a system that will provide only for the professional nurse with higher education in a teaching and supervisory capacity, and the practical nurse to do the bedside nursing?

Dr. Brown raises the question but leaves it as an unsolved problem. The Ginzberg report, however, leaves nothing to the imagination: "Since it is contemplated that the entire nursing mission will eventually be performed by professional nurses and practical nurses, there will eventually be no place for the registered nurse."

Both reports have put present and future R.N.'s without degrees in the middle, but—and this is important—in neither report is a sense of immediacy apparent.

Dr. Brown states the answer can't be found until more objective studies are made. Even though the Ginzberg report does place the R.N. in the intermediate category between the practical and the truly professional nurse, it allows that for *considerable time* room must be made

*Brown, Dr. Esther Lucile, *Nursing for the Future*, Russell Sage Foundation, New York, 1948.

Ginzberg, Dr. Eli, Chairman, Committee on the Function of Nursing, *A Program for the Nursing Profession*, The Macmillan Co., New York, 1948.

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for this large middle group of R.N.'s who have acquired special skills.

Because the question is a highly controversial one, threatening the life of all hospital schools, and doubtlessly will affect the future careers of countless potential and graduate registered nurses, it is surrounded by suspicions and emotional thinking.

So long as the planning remained in the long-range stage, following the pattern of guided natural evolution, there was no need to become alarmed. But, where behind the scenes, a group representing professional and vocational nurse educators, the U.S. Public Health Service and the Federal Security Agency, is going full speed ahead, allowing the torpedoes to hit where they may, it is about time, for the sake of the economic future of the R.N., that reality be faced.

It is often said that when a group of theorists gather around a table, they frequently get so imbued with their own ideas that they fail to consider, or are unaware of, the effect of their thinking on those who are far removed from that table.

Around this certain table the theorists are in agreement that Federal aid should be given:

1. to universities conducting graduate nurse education programs—requested amount annually, \$2,000 per capita.
2. to students in basic collegiate programs—\$1,250 per capita per year.
3. to diploma hospital schools for 10 years (this referred to as the transition period), \$350 per student for *two years*.
4. To practical nurses in vocational schools, \$500 as the estimated cost for *one year*.

How will this thinking affect the majority of nurses today and in the future?

While requesting Federal aid for three grades of professional nurses, this group is convinced that the lowest level of nurses will in time be supplanted by the practical nurse. To hasten the process, as well as to furnish numbers to help Mr. Oscar Ewing carry out his 10-year health program, Federal aid to practical nurse education is requested, \$500 for one year as against the \$350 for two years in the diploma schools.

[Continued on page 64]



CANDID COMMENTS

THERE IS A NEW LOOK in nursing that is as obvious as the new skirt length. Nurses are looking at their affairs, their organizations and their leaders with a cool, appraising eye. "A cat may look at a king" and the modern nurse no longer is satisfied to walk modestly with unquestioning eyes, confident that her leaders are marking the right path. Today's R.N. is looking at the direction of the path, at her leaders and making up her own mind about their rightness.

As problems for nurses and nursing become more acute, nurses look for ways to handle them. *For the first time* many are realizing what organizations are for. It takes a regiment to fight a regiment. The lone nurse is as helpless as the lone soldier going out to battle. It is the average nurse's sharpened awareness of what her organizations can and must do that is responsible for the new look in nursing. And as her awareness increases, so do her critical faculties.

Nurses are therefore in a much more challenging mood than before. They may talk a lot about better pay and working conditions, but they are just as heated up over better care for patients. It is true that not all nurses

care about the patient's end of things, but the majority do. They care mightily and they want something done to restore the fine old standards. They want their job satisfactions back. They are afraid of too much stress on academic degrees lest they take nurses too far from the bedside. Their respect for our heritage of personalized care for the sick is deep and intrinsic. It cannot be ignored nor can it be discounted. They are bewildered by the fast and complex tempo of events that has disturbed their close and productive relationships with patients. They resent the growing criticism of patient care.

Some nurses in this new look at things have lost their faith in the values of organization. Some who have never had faith are more cynical than ever. However, many within our organizations have not only a greater faith, but also have developed new concepts of what our leaders must represent and how they shall perform. Our leaders in every phase of nursing organization are under a microscope.

Nurses today want a program of action they can understand. They want it to center around good nursing care as much as around good care of nurses. They want to have a part in it, and they want the leaders to make

TS- THE NEW LOOK IN NURSING

it concretely possible for them to take this part. Too often we cry "co-operate" without providing specific ways for doing so. They want qualified leaders who are informed not only on the major issues but on what nurses are thinking about them and what nurses want done. In every realm—district, state, national—nurses want leaders who lead.

Every person on a committee or board represents other people. She or he is their proxy, delegated by them to act for them. In their way committees are about as important as boards, for it is in committee that most policies and programs are born. It is not cynicism but just plain talk to say that not more than half the people in appointed and elected offices seem to realize that they are there not as individuals but as representatives. It is so easy for some of us to think we are entitled to places of honor simply because we've been around a long time. It is easy too for some of us humans to think we are especially endowed by nature to be of the elite.

There are very few people who qualify as supermen. And that is well, for the ordinary person has gifts enough for carrying on his share of work—if he will but use them. We do not need supermen in our leadership; we need nurses educated in re-

by Janet M. Geister, R.N.

sponsibility and self discipline. We need nurses big enough to recognize their own fallibility, humble enough to recognize the values of others, no matter of what rank. We need nurses who realize there are no "important" people in democratic organization—that officers and directors and committeemen are simply members temporarily clothed with authority to act for us.

The word "trustee" begins with the beautiful word "trust." Every person acting as a proxy for another is a trustee, someone to whom we look with confidence to represent not only our wants and needs but our ideals as well. We qualify best as trustees when we constantly seek to learn what are nurses' wants, needs and ideals. Obviously no trustee can interview or write every constituent to learn these things. What is more important is to keep heart and eyes and ears wide open to learn from nurses on every occasion.

The policies of an organization deal largely with the practices of the individual nurse. They need to be established by persons who know the average nurse, her capacities, ideals, troubles. Written reports give us mass evidence, but rubbing elbows with nurses gives us truths. Rubbing

elbows with nurses is more than going to them—it is being of them. How often have I seen leaders out before nurses answering questions, giving advice, making impressive speeches. But too often their abilities to listen, to learn, to ask questions are not nearly so well developed.

The art of good trusteeship begins with the art of listening, and listening occurs in the heart and mind, not only the ears. We can learn something from every person we meet. It's not a matter of ringing doorbells like a precinct captain—rather it's one of attitudes. Are we humble enough to realize that our own personal opinions on vital matters are not enough—that the average nurse, once well-informed, can be trusted to come up with sane, fair opinions?

Every time a decision is made by a board or committee, we take a chance on its being wrong as well as right. These decisions inexorably affect tomorrow as well as today. Decisions made 25 years ago rise up now to confound us, or bless us. No human group can ever be right in all its decisions. But the chances of error are reduced if we walk among the people we represent, and learn from them.

Trustees must be people of courage. No matter how strong are our convictions there is always need to compromise in order to accept the will of the majority. But our concessions must be for the good of the cause and not because we are afraid to fight. Years ago a board member, explaining her affirmative vote in a grievously wrong move, said, "I knew

it was wrong—but we must not argue with each other. We must have harmony."

That kind of harmony *before* a vote is taken is not only negative—it is destructive. A stout fight on an issue is highly productive, for sharpened wits bring out all sides of the question. Furthermore, we are put in office not for peace but for progress. When the matter has been thoroughly examined and a vote taken, then—and then only—is the time for harmony.

Good trustees do not believe they are indispensable. The nurse who boasted of having been "on 30 committees and two boards in the past three years" is either a superman or a super egoist—and she is bound to skimp somewhere. There still are but 24 hours in the day. There are people so useful that they cannot be replaced, but I doubt if there are any who are indispensable. The Lord made us in such variety that there is always someone to pinch-hit—and the world goes right on. There are enough able nurses in our district, state and national associations to make it unnecessary to load all the work on a few.

People have no moral right to accept board or committee places if they are too busy or disinterested to put in faithful work. The jobs before us are tough and driving. Gone are the happy days when there was time at meetings for a bit of relaxation. An elder statesman tells of the national board meeting during the first world war, when several hours were spent discussing the ethics of having

board members' pictures in the local papers. This momentous question would be settled in 30 seconds today, probably with all hands voting in the affirmative.

Today's agendas are packed with solid business. So were yesterday's, but the agendas were shorter. Nursing is big business now; it has broken through the cloister walls and its practices reach out into the community. The issues are larger, more complex, more pressing. They demand the hard, careful thinking of the people who have accepted the responsibility to do so. This thinking cannot be given *in absentia*. The curious phenomena in our human society are the persons who agree to serve and never show up for a meeting—or else they are a half hour late

and leave a half hour early. Is it just to get their names on the report? They should either show up or give up—it isn't honest to do anything else.

The late Dr. Samuel Lambert used to say, "There are two kinds of board members—the kind who want to serve a cause, and the kind who want a cause to serve them." *I believe the majority of nurses on our boards and committees want to serve a cause.* Serving a cause today takes genuine sacrifice. I know district, state and national presidents who literally have given up all personal life in order to do their jobs well. There are many board and committee members who work as hard. But there are a lot who do not.

Holding office or committee appointments [Continued on page 68]

Probie



"Quick! Which is the dressing forceps?"



Copyright, National Geographic Society

NURSE to ADVENTURERS



by Ruth B. Scott, R.N.

WILL CANOE TRIPS require the use of waterproof coverings on medical supplies? Will vitamin concentrates be essential for supplementing a long diet of canned and dehydrated food? How much sulfa-ointment, aspirin and quinine are needed for a six-month trip into the interior? How can supply weight be controlled for air trips or back-packing?

These questions aren't a quiz master's creation; they are the \$64 questions Mrs. Mabel Tilton Biscoe, R.N. is called upon to answer each time the National Geographic Society begins planning one of its hundreds of scientific expeditions. For example, in May, 1948, seven teams of observers were on sites for study of the eclipse of the sun, with posts in Burma, Siam, China, Korea, Japan and the Aleutians. In addition, the

Society had men in Panama and Australia on archeological expeditions. Plans were being formulated for a trip to Nepal, India. Before any of these expeditions were begun, it was Mrs. Biscoe's job to arrange for inoculation against typhoid, typhus, cholera, small pox and yellow fever. She also had to order the medical supplies for the trips and advise the group leaders on how much packing space to allow for these supplies.

It's all part of the day's work for Mrs. Biscoe who is now in her 15th year of service with the Society. A graduate of Peter Bent Brigham Hospital in Boston, Mrs. Biscoe had been doing private duty in Washington for several years until she answered a newspaper ad in May, 1934 and was hired by the Society. She was placed in the Administration Building by

Miss Mabel Strider, Personnel Director, and her duties were to watch over the health of the explorers, photographers and writers, as well as those who work behind the scenes to make expeditions run smoothly. Two other nurses, Mrs. Harriet Cook and Placide Jean Todd, are in charge of the annex.

Not all of Mrs. Biscoe's time is spent preparing for expeditions; the major portion of her duties concerns the staff of the administration building. Her dispensary is a roomy office

with many supply closets. There is also a large two-bed rest and emergency room. Here she cares for minor ailments or gives first aid before sending the employee to a doctor. Her services are available to visitors in the building, if needed.

Medications and treatment are limited to the relief of minor gastrointestinal upsets, headaches, colds and similar ailments. When ordered to do so by a physician, she gives hypodermic injections for hay fever, anemia, or vitamin deficiencies. Again, by



Copyright, National Geographic Society

From their headquarters in the National Geographic Society's Washington, D.C. home, Nurses Cook, Biscoe and Todd protect the health of those who arrange expeditions such as this Alaskan venture.

doctor's orders, she may give heat lamp treatments.

Upon request, Mrs. Biscoe recommends doctors, dentists and oculists for those needing examination. Her professional attention is unobtrusively but continually fixed on the health of every employe, so that skilled observation will locate acute or chronic illness in the remedial stage. She keeps extensive records and from these draws up a semi-annual report of all patients seen.

In addition to these duties, Mrs. Biscoe was in charge of last year's mass x-ray survey in the administration building and is currently acting as group treasurer for Group Hospitalization, Inc., the District of Columbia branch of Blue Cross. She also pays home and hospital visits to ill employes.

Mrs. Biscoe's working hours are from 8:30 to 5, Monday through Friday. Annual leave increases with tenure, so that Mrs. Biscoe is now entitled to 24 working days of vacation a year. Sick leave accumulates on the basis of one day a month to a total of 30 days. After one year's employment, all employes are automatically entered in the retirement plan, which provides a pension at 65.

But it is not only the pleasant working conditions that make Mrs. Biscoe's job so enjoyable; it is the excitement of planning for expeditions and sharing in the returned explorers' findings. When the National Geographic Society Yukon expedition discovered 19 mountains in 1935, these additions to the world's wonders were discussed like new

members of a family. Again, between 1938 and 1946, eight National Geographic Society-Smithsonian Institute Joint Archeological expeditions were made to southern Mexico. Mrs. Biscoe was an eager listener to the stories of the discovery of jade in ancient Mexican tombs.

World celebrities come to the administration building to use the excellent library, the superb maps and the Explorers' Hall displays. During the past war, Mrs. Biscoe saw most of the high command as they used the world maps and photographs. Admiral Chester W. Nimitz not only used the resources of the Society's library, but made such outstanding contributions to the increase of geographic knowledge, that he was given life membership in the Society.

Travelers and explorers lecture for the Society in famed Constitution Hall where Mrs. Biscoe has heard talks by Admiral Byrd, Amelia Earhart, Lowell Thomas, Mrs. Martin Johnson and geographical lecturers like Burton Holmes on the Pacific Northwest and Clement E. Conger on Portugal.

Even when Mrs. Biscoe's work is finished, there are constant reminders of the Society's work. If she takes guests on tours of the city, she is sure to take them through the National Zoological Park. Here cages containing an Asiatic tapir, a gaur or seladang, an African buffalo, the rajah loris and the sulphur crested and white crested cockatoos, all bear the label "From the National Geographic Society-Smithsonian Institute East Indies Expedition, 1937."

At the Natural History Building of the National Museum, Mrs. Biscoe may show her visitors the beautifully patterned, polychrome jars from Navajo County, Arizona, "Collected and presented by the National Geographic Society." In the Latin American Hall are cult objects for shrine sacrifices from another joint expedition to Vera Cruz.

One discovery follows after another in endless procession. Mrs. Biscoe is now eagerly awaiting the results of the explorations in Arnhem Land, for this primitive area in northern Australia has aborigines whose ethnology, art and legends are largely unknown.

But whether she's swabbing a stenographer's sore throat or doing research on the proper medication for a little-known jungle disease, Mrs. Biscoe finds deep contentment in her work. Much of her satisfaction in nursing comes from knowing that she is doing a vital job. A great part of it comes from her interest in the Society's aim: "the increase and diffusion of geographic knowledge."

"The National Geographic Society stimulates a loyalty in everyone which makes us believe there is no finer organization in the world to work for," Mrs. Biscoe has said more than once. "A genuine interest in the welfare of each individual stems from Dr. Gilbert Grosvenor, president, who was brought to the Society by Alexander Graham Bell in 1899, and the other leaders. Our work is rewarding since it is appreciated by those we help and our employers."

What more could any nurse want?

Membership on the Installment Plan?

PROFESSOR RALPH THAYER, assistant director of the Institute of Labor Economics at the University of Washington, was asked once whether he advised lump payment or installment payments on nursing dues which, for some nurses, have reached sums ranging from \$20-\$32 for their combined membership dues.

"By all means, have installment payments," Professor Thayer advised.

"You will find," he urged, "that the increased memberships which you get by allowing installment payments will more than offset the additional clerical expense necessary to handle them. Other associations found that prospective members could not pay a similar amount for the lack of actual cash. They solved the problem by establishing a credit union from which new members could borrow the initial fee and pay it back in regular installments. Your best move is to try to convince the hospitals to deduct a dollar from each of the semi-monthly checks, which would pay out the dues in 10 months. If you cannot accomplish this, try to establish some type of installment plan at the association office."

This suggests the possibility of breaking the payment into sums of \$5 each, or two of \$10. It might be feasible to put the unused nurses' loan fund to work, allowing nurses to borrow from it and repay to it for dues.

—R.B.S.

LOBBYING a



■ ONE OF THE WONDERFUL THINGS about every democratic society is that any person or group has a right to state his case, and without any real restrictions so long as he tells the truth. The result is that in every democracy an infinite number of people and groups are advocating their beliefs and needs all the time. Some of them make sense and some do not. In any event, the public is given a chance to consider them. We have a free market-place for ideas.

Moreover, the truth inevitably wins out in that market-place. Hence, the truth has a continuing impact on society as a whole, and particularly on the various legislatures which are the law-making branches of the Federal and state Governments. The ultimate result is two-fold: (1) sometimes the law is changed to reflect the principles involved; and (2) in any event, the public acquires a better understanding of the particular person or group, and so provides better cooperation.

Today, all this has special pertinence to the nursing profession, because of its public character, its eternal message of service to humanity, the drama inherent in its work, and also because the nursing profession has many problems facing it. There is a severe shortage of nurses, and nurses everywhere are concerned with problems of hours of work, wages, social security, pensions and

NG and the NURSING PROFESSION

similar matters. These problems call for sensible solutions.

The process of stating the case of any group is essentially a simple one, and consists of two principal steps. The first is the working out, developing and phrasing of the ideas which reflect the particular situation. This might be called the stage of basic thinking, and it is fundamental. It involves research, discussion and thought, and it cannot be hurried without impairing the quality of the results. If the stage of basic thinking is properly executed, so that the facts can be reduced to a few elementary conclusions, simply, forcefully and, if possible, dramatically phrased, then the most difficult and most important part of the process of stating the case has been accomplished. This type of summarization usually provides a few sentences or paragraphs which reflect the entire situation in simple terms *which anyone can understand*.

Once the first stage has been completed, the second stage begins. This is the stage of dissemination of the conclusions and ideas worked out in the first instance. The principal medium is the printing press. The ideas worked out as described above can be set forth and elaborated in articles, pamphlets and speeches for general distribution to the public. However, *the key to their success is quality, not quantity*. The modern

by Ralph E. Becker*

world is flooded with literature of every conceivable description which for the most part is either mediocre or inept. Words which are strung together with only feeble logic are not a persuasive substitute for those which portray ideas.

There is also the separate matter of conveying these conclusions and ideas to the members of the various legislatures of the country. This is called "lobbying." At its worst, it may be a desirable and undesirable activity. But lobbying—the right of the people to petition the legislature for a redress of grievances—is something of precious value, and a right which is guaranteed by the First Amendment of the Constitution.

Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech or of the press; or of the right of the people peaceably to assemble and to petition the Government for a redress of grievances.

Ordinarily, it is a highly useful process for everyone. In fact, any member of Congress will readily admit that a lobbyist who quietly and accurately presents the facts of his client's case is rendering a genuine

*As senior partner in a Washington, D.C. law firm and chairman of the Young Republican National Federation, the author has had considerable experience in "stating the case."

public service. It takes time and effort to organize the facts and arguments of any legislative problem, and the advocate who can present well-organized facts and arguments to a legislator, accurately-stated and in concise form, is saving the whole legislative process a great deal of time and effort. Moreover, as our society becomes more complex, the need for assistance to legislators in the analysis and judgment of their problems increases proportionately.

The underlying feature of lobbying is fundamentally a matter of psychology and appeal to the minds of others. This has one refreshing factor: people everywhere are inherently fair-minded. They are sympathetic to arguments which genuinely appeal

for fair play, fair treatment, the meeting of legitimate need, or the remedy of injustice. They are not, however, very sympathetic to pleas for selfishness and greed, or to exaggeration and bombast.

The combination of all these factors means that the nursing profession has a better opportunity to lobby for a cause than do most other groups. But to do so requires organization and constant thought, work and effort. With *capable people* working continually on this all-important matter of presenting its case to the public, the public and the law makers are bound to cooperate better, and the potentialities of the nursing profession can be realized more fully than ever.

A NURSE'S CREED

I recognize the sacredness of my profession.

The healing and remedial art and devotion which its practice entails.

I will always maintain dignity and purity of mind and body.

Speaking no gossip and spreading no evil.

Abstaining from what-so-ever is deleterious to my patient, to myself, to my associates and physician.

I will be loyal in laboring for those who are ill and who are committed to my care, helping them attain and maintain the requisites that are so vital in retaining and regaining
HEALTH.

Upbuilding the standards of my profession in a constructive and instructive manner at all times.

Daily striving for knowledge and wisdom to improve my well being and to alleviate suffering and disease, prolonging the life of my patient with the assistance and divine guidance of our Omnipresent Physician—GOD.

Maybelle McKervey, R.N.

LEGISLATION : *News and Views*



■ OF THE SIX NATIONAL nursing organizations, the American Nurses Association is the recognized organization responsible for Federal legislation affecting nurses, nursing and health.

Although the ANA assumes the responsibility of preparing legislative material and arranging for hearings, it does call upon representatives of the other five national organizations for consultation and advice. The ANA, however, is the only organization with authority to act.

Legislative communications from the national to the state associations may be handled in two ways. On legislation having state implications, the ANA Special Committee on Federal Legislation may write directly to the board of directors of the state nurses associations or, if the state prefers, such information may be directed to a state committee on legislation.

As R.N. goes to press, three Federal bills of significance to the national and state nurses associations are the Thomas Bill (S. 249), the McGrath-Neely Bill (S. 311) and the Case Bill (H.R. 2018).

The Thomas Bill, which would repeal the Taft-Hartley Act, and reenact the Wagner Act with certain modifications, has been called to the attention of the various state nurses associations by the ANA when a request for a referendum vote was sent

to them recently. The ANA Board of Directors requested the state associations to ask their membership's opinion on whether non-profit hospitals should be exempt from collective bargaining as they now are under the Taft-Hartley Act, or whether that exemption should be removed. Non-profit hospitals are generally exempt from the provisions of wages and hours legislation, employees are not eligible for Federal social security benefits, and they do not have to recognize hospital employee unions. Hospital administrators say that if the exemption clause is removed their budgetary headaches will double. They believe that the majority of them realize their moral obligation to hospital employees. (Underpaid hospital employees in non-profit hospitals will be a green field for unions.)

The ANA, not in sympathy with the hospital administrators' point of view, is happy to note that the Thomas Bill as it now reads confers no exemption upon non-profit hospitals. The Association reports that the majority of the state nurses associations condemned this exemption in their returns of the referendum vote. The reason—that the exemption under the Taft-Hartley Act has been a handicap in promoting the ANA and SNA's economic security programs.

However, the ANA is displeased with the Thomas Bill as it now stands

as it would not guarantee professional employes the right to organize themselves and select their own representatives for collective bargaining. Professional and non-professional employes would be grouped together and professional employes could easily be outvoted as to the choice of bargaining representatives and on other matters. If an amendment preserving the professional employes' rights isn't made, it may be even more difficult under the Thomas Bill to carry on economic security programs through the professional associations then it is under the present Taft-Hartley Act.

If the ANA cannot persuade Senator Thomas to amend Section 9(b)(1) and 2(12)(a)(iv) of the National Labor Relations Act (as amended by the Taft-Hartley Act), the profession may well find itself in a less advantageous position than it is at present.

Bills correcting the Displaced Persons Act of 1948 are now before both Houses of Congress. Senate Bill 311 and its companion House Bill (H.R. 1344) if passed, will raise the immigration ceiling from 205,000 displaced persons in two years to 400,000 in four years; will admit these displaced persons on a non-quota basis instead of mortgaging the future quotas; will eliminate the 30 per cent preference to agricultural workers and give preference to farmers, household help, construction workers, clothing and garment workers, and those with educational, professional, scientific or technological skill needed in various sections of the U.S.

Of particular interest to nurses is that such legislation will substitute for the requirement that a specific house and job must be found in advance before a displaced person leaves Europe, a provision that a sponsor guarantee to the Displaced Persons Commission that the person will not become a public charge.

Also, Representative Francis Case's (R., S.D.) proposed amendment to allow 500 displaced doctors and 1,000 nurses to enter the U.S. and become employed in Government hospitals and other services has sent the ANA to its battle stations. The ANA, in criticizing Representative Case's bill, points out the undesirable feature that nurses will not be represented on the proposed Displaced Medical Personnel Board, authorized to appoint the nurses, fix salaries, and establish professional standards for certificates of eligibility.

Although the ANA has alerted the state associations to immediate action, to inform Representative Case to correct his oversight, Washington observers and interested parties think there is little chance of this special amendment getting anywhere. Representative Case admits he was prompted to introduce this bill because of the understaffed conditions of the Indian reservation hospitals.

On the state level, preparation for the admission of displaced nurses has been steadily in progress in Michigan since last June. Although ANA headquarters at that time couldn't see where DP legislation concerned the Association "as it seems to pertain to

[Continued on page 55]

TEETH —



TRUE OR FALSE?

TEETH HAVE NOT YET ADVANCED TO the dignified status of the sinuses, the appendix or the gall bladder but nonetheless they irritate more people more of the time than any other part of the anatomy. In numbers there is strength—and our chewing career is ruled by 32 potentially troublesome teeth.

The baby heralds the arrival of his teeth with whimpering cries, usually an ominous overture to a lifetime or less of tooth trouble. Statistics show that the average American of 30 years has only 12 unfilled teeth in good condition. Out of every 100 adults, 15 wear false teeth and it is estimated that 20 more need tooth extraction. Before the army was forced to lower its standards in World War II, 9 per cent of the draftees were rejected because of poor teeth.

Although more adult teeth are lost through periodontal diseases affecting the gums, membranes and the jawbone sockets, the most prevalent dental disease is tooth decay. Dental caries occur chiefly between the ages of three and forty, reaching their peak in the teens and twenties. Only

3 or 4 per cent of Americans escape. The other unfortunate 96 per cent are affected by the time they are five years old.

Besides the fact that frequent, annoying toothaches lower our mental state of efficiency and well-being, there are other reasons why we should be alarmed about this widespread tooth destruction. As an integral part of our anatomy, teeth serve a purpose—to prepare food in a manner that will render it easy to digest. The formation of teeth for this purpose is one of the body's wonderful physiological functions.

The tooth is composed mainly of an outer portion called dentine—a tissue resembling ivory, and a central pulp cavity containing blood vessels, nerves and connective tissue. The part of the tooth exposed to the surface, or the crown, is covered with the hardest substance of the body—enamel. The tooth root is embedded in cementum which, in turn, is surrounded by the periosteum, the material that attaches the entire tooth structure to the socket of the jawbone. If the tooth is attacked by enamel dissolving acids, it will decompose, allowing destruction of the inner portion, which meanwhile will valiantly try to stave off further decay by depositing more dentine. If, at this stage, the cavity is not treated by a dentist, decay will defeat the natural filling-in process and eventually destroy all parts of the tooth.

At one time, nearly all dental and health au- [Continued on page 58]

by Frances Lewis, R.N.

DRUG DIGEST

SODIUM FLUORIDE U.S.P.

PROPRIETARY NAMES: Proprietary fluoride preparations such as chewing gum lozenges, etc., are not approved by the American Dental Association.

PHARMACOLOGY: Sodium fluoride is the chemical salt of the element fluorine, an extremely toxic poison if ingested in large quantities. Fluorine, absorbed by tooth enamel, increases the tooth's resistance to decay; it also appears to inhibit bacterial growth and acid production. One part of fluorine per million parts of water is suggested for water with no fluorine content, to assure less tooth decay in children. Topical application for prevention of tooth decay consists of wetting the tooth surfaces with 2 per cent sodium fluoride solution, after they have been thoroughly cleaned, and dried with compressed air.

DOSAGE: Four or more applications of 2 per cent sodium fluoride solution are made at two-week intervals. These series of applications should be made when child is three years old in order to prevent decay in incisors and first molars, and at 10 and 13 for protecting cuspids, bicuspid and second molars.

UNTOWARD ACTIONS: If more than one part of fluorine per million parts of water is used, water will produce brown mottling of teeth. If sodium fluoride solution is not properly buffered or kept in copper sulfate bottles, it will decompose to compounds of silica and fluorine which will irritate the gums.

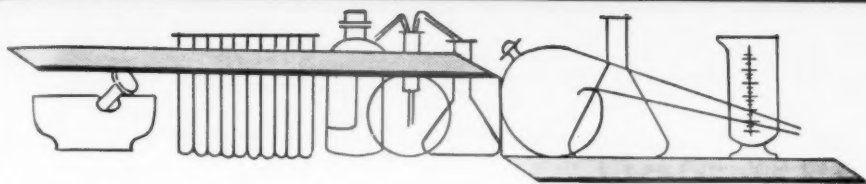
DIBASIC AMMONIUM PHOSPHATE U.S.P.

PROPRIETARY NAMES: Ammi-i-dent, Amuro (These contain 3 to 20 per cent of urea)

PHARMACOLOGY: The use of dibasic ammonium phosphate in a tooth powder or mouthwash in concentrations up to 10 per cent, acts as an antibacterial agent by inhibiting the growth of the acid-forming Lactobacilli, present in the saliva of persons with carious teeth. It may also inhibit the growth of other bacteria that invade the mouth incident to carbohydrate consumption. In experiments using a powder containing urea and dibasic ammonium phosphate, decay is said to have been reduced as much as 35 per cent. With the addition of urea, ammoniated tooth powders help to destroy the bacterial plaque, a gummy, film-like substance which lodges bacteria; it also neutralizes the acid already formed by the Lactobacilli and related organisms.

DOSAGE: Dibasic ammonium phosphate is supplied in a dentifrice and mouth wash. These should be used in small doses morning and night and after meals whenever possible.

UNTOWARD ACTIONS: Teeth should be brushed vertically, not horizontally because of the danger of irritating the gums. Mouth should not be rinsed after using dentifrice; ammonium ion action against the Lactobacillus and other organisms may continue several hours after use.



UREA, CARBAMIDE U.S.P.

PROPRIETARY NAMES: Amm-i-dent, Amurol (These contain 3 to 20 per cent of urea)

PHARMACOLOGY: Synthetic urea, chemically known as carbamide, when used in dentifrices and mouthwashes, inhibits dental decay by helping to remove the bacterial film adhering to tooth enamel. This film, which cannot be removed entirely by the toothbrush, has been found to harbor decay-producing bacteria. Urea, by the action of the enzyme urease present in the saliva, hydrolyzes to alkaline ammonium carbonate. This latter substance appears to split proteins, thereby exerting a direct destructive effect upon the mucin and bacteria of the film or plaque. Ammonium carbonate also renders the bacterial film alkaline, and neutralizes the acid produced by the fermentation of sugar. An abrasive polish and a flavoring agent to counteract the salty taste of urea are usually added to the urea dentifrice.

DOSAGE: Only a small amount of the dentifrice is needed for brushing the teeth. If possible, teeth should be brushed immediately after eating.

UNTOWARD ACTIONS: Because improper brushing with this dentifrice may split the mucus lubricants, resulting in gingival abrasions, teeth should be brushed gently in an up and down manner. Mouth should not be rinsed after brushing; the neutralizing effect of ammonium carbonate may continue several hours after use.

GOTTLIEB'S FORMULA

PROPRIETARY NAMES: Impregmol

PHARMACOLOGY: Dr. Gottlieb's formula contains chemicals which wall off the fissures of uncalcified enamel through which the decay-producing bacteria are supposed to enter. After a thorough cleaning, the teeth are isolated by cotton balls and washed with benzine to allow greater permeation of the impregnating chemicals. A 40 per cent zinc chloride solution in distilled water is applied, followed by 20 per cent potassium ferrocyanide which precipitates zinc ferrocyanide, a white insoluble salt. This salt, left on the tooth for one minute or more, seals the small openings in the enamel. The precipitated tooth surfaces are then moistened with water. Some dentists use 10 per cent silver nitrate precipitated by saturated solution of calcium chloride for the second impregnation.

DOSAGE: Dr. Gottlieb advises that impregnation be done when first molars erupt, followed by three double impregnations a year between ages of six and twelve, and one treatment every year thereafter.

UNTOWARD ACTIONS: Gums should be protected from excess solutions of acids in order to prevent irritation. Impregnation with silver nitrate and calcium chloride will produce slight discoloration of teeth. Neither method of impregnation has been approved by the American Dental Association.

HOW SAFE

are Home Permanents?

BECAUSE R.N.'s are often in the confidence of their patients and friends, they are frequently questioned about the use of cosmetics and personal products. Presuming that they know more than the average layman on the subject, nurses today are constantly being asked about the biggest boon in the cosmetic industry, the "do-it-yourself-at-home permanent wave." Although the popularity of the home wave kits is growing, and an extensive advertising campaign is in motion to offset the detrimental publicity they once received, there are still a few people not aware of recent advances in these products who are concerned over the safety factor.

If R.N.'s have been interested in the relevant medical and lay literature concerning home permanents, they will know that these kits originated in the late 30's and were nationally distributed by 1941. The early solutions used were simple sulphides, which decomposed freely and liberated enough hydrogen sulphide to threaten health and even life itself. The sulphides were then abandoned in favor of thioglycolic acid solutions which proved unstable, until certain contaminating agents were successfully eliminated.

Writing in the *JAMA* (June 15,

1946) Dr. Lawrence H. Cotter raised serious question as to the dangers involved in using thioglycolic acid on the hair. He was answered by Dr. Carey P. McCord (*JAMA*, June 29, 1946, and *Industrial Medicine*, December 1946) who stated that thioglycolic acid is not present in its pure state, but is neutralized by such alkaline bases as ammonium hydroxide. Last summer the Federal Food and Drug Administration ruled that home permanents are safe, a finding in which the AMA and consumers research organizations concur. How-



ever, all authorities agree that too frequent application of the solution (such as takes place on the hands of beauty operatives) can cause skin irritations, and that even an occasional home user who has an allergy may suffer dermatitis or eczema.

SINCE the purpose of "permanents," hot or cold, home or beauty parlor given, is to change the structure of the hair, let us examine what happens to the hair during any waving process. Each hair fiber is made up



by Eleanor Flexner

United States. It was the first to place its product in drug, variety, department store and chain outlets, and to promote it with an extensive advertising campaign, whose present slogan is the familiar "Which Twin Has the Toni?"

ONE of its earlier advertising slogans was that of friends and neighbors exchanging permanents, in the good old American "bee" tradition. This caused trouble in some states, where beauticians have succeeded in having protective laws passed requiring licensure of anyone rendering beauty services for remuneration. Upon threat of enforcement from beauty operators whose livelihood has been threatened by the home kits, Toni's ads were changed, but you can still give your friend or patient a permanent—without charge!

The Toni Home Permanent Wave Kit has been accepted by the Joint Committee on Cosmetics of the AMA, and has been endorsed by *Parents Magazine*, *Good Housekeeping*, which published a statement in June 1946, that it could not recommend cold waves, announced in its January 1949 issue that the Toni Kit has been awarded its Guaranty Seal.

Also accepted for advertising in the various publications of the AMA are the Rayve Home Permanent, developed by the Pepsodent Division of Lever Brothers, and the Richard Hudnut Home Permanent kit. Both *Good Housekeeping* and *Parents Magazine* have given these kits seals of approval. [Continued on page 56]

of long, snake-like molecules that are joined together by cross-linkages. Picture a bunch of ladders with the sides of the ladders the snake-like chains, and with the rungs the cross-ties or linkages. Application of the ammonium thioglycolate temporarily softens the linkages so that the ladders are free to move into the new curled position. When the action of the waving lotion is arrested by use of the neutralizer, the rungs are reformed in the new waved pattern and the hair is left "permanently" waved.

A survey by a leading marketing agency showed that during 1948 more than half of the permanents in the United States were home permanents. In just four years the home wave has become a national institution. Economy, convenience, and the fact that the home kits produce a natural-looking wave often more satisfactory than expensive beauty shop permanents, have been the principal factors in causing the transfer into the home of one of woman's primary beauty needs.

The public's rapid acceptance of home waving has been largely due to the aggressive merchandising and advertising of the Toni Company, which is currently responsible for the majority of all home kits sold in the

REVIEWING THE NEWS

► **VIDEO THERAPY** is the most popular form of treatment at Georgetown University Hospital where television sets are available to patients at \$3 daily or \$15 weekly. Patients say it helps the hospital hours to pass more quickly; doctors think it speeds convalescence but prescribe only small doses for their heart patients—they get too excited over the sports programs.

► **HIGHER SALARIES** for N.Y.C. public health nurses have been urged separately by Local 370, American Civic Employees Union, C.I.O., and Dr. Harry S. Mustard, health commissioner, who is attempting to fill 214 vacancies by waiver of residence requirements. The union recommends reclassifying public health nurses into Grades 1, 2 and 3 at basic salary rates of \$3,001, \$3,601 and \$4,201; three annual mandatory increments of \$200; and promotion to Grades 2 and 3 by competitive examination. The nurses' present base pay of \$1,740 compares unfavorably with that paid by nine other large cities. It is also well below salaries paid in industry and private duty and the 1948 national average of \$2,448 for general duty nurses.

► **THE BATTLE RAGES ON.** The tragically late AMA's eleventh-hour, 12-point program to combat compulsory health insurance legislation

would set up a Federal department of health administered by a doctor with Cabinet status, responsible for coordination and integration of all Federal health activities, except in the armed forces. Other provisions are: state medical care authorities; more hospitals, research, public health and mental care facilities; and more extensive medical and nursing education. All allocated Federal funds would be "free from political control." Led by Dr. Edwards A. Park, pediatrician of Baltimore, Md., 167 mutineers in AMA ranks have termed this plan vague and inadequate for the needs of the American people, who cannot afford voluntary insurance. Their only objection to compulsory health insurance is the insufficient number of doctors and medical schools.

The Park group, and the King's County (Brooklyn) Medical Association (3,600 members) which has also refused to accept AMA program, have protested the AMA \$25-per-member assessment for fight against compulsory health insurance. The New York County Medical Society (6,800 members), the largest member group of the AMA, has recently rescinded its vote in favor of the assessment but will take a third vote on the question. Despite these negative votes, the AMA reported 85 per cent favorable response to the assessment, and explained that King's

County and N.Y. County votes were due to high ratio of doctors to population in those sections. In other words, these doctors stood to gain financially from the compulsory plan.

► **THE NURSING SHORTAGE** was recently blamed largely on nursing organizations themselves by Dr. Wetherby Ford, chief of medicine at the Hospital for Women of the Maryland Medical School, speaking at the Maryland-District of Columbia Hospital Association session. Dr. Ford accused ANA, NLNE and NOPHN of discouraging potential students by raising training requirements too high, and by introducing too much theory in the training course. He proposed instead to lower student nurse age minimum to 16 years, and reduce training to two years, with a third year only for those nurses wishing specialization.

► **SIX DIAGNOSTIC CLINICS** will be established in New York City to speed prompt diagnosis of cancer, heart disease, diabetes, tuberculosis and mental illnesses. Patients unable to pay for diagnostic services will be accepted upon written referral by their physician. The clinics, first of which was expected to open early this year, will operate under a new Bureau of Adult Hygiene, which will also include a mental hygiene service and a home visiting service, the latter supplementing home care now provided by City hospitals.

► **LIFE INSURANCE** authorities report that the year 1947 brought a

significant change, statistically, in the over-all coverage of U.S. policyholders: for the first time, the amount of "group life" insurance in force exceeded the amount of "industrial life" policies outstanding. "Industrial life" (so-called because it was originally developed to appeal to factory workers) is the type of small-policy coverage which requires door-to-door collections of premiums weekly. "Group life" is the type now available to nurse-employees of most large hospitals and industrial clinics.

► **FEDERAL LOBBYING** for 1948, as reported by Gerald G. Gross in the *Washington Report on the Medical Sciences*, cost the Committee for the Nation's Health, chief campaigner for national health insurance, \$44,777.50; the AMA's Council on Medical Service, \$39,809.20; the American Hospital Association, \$47,338.48; and the American Osteopathic Association, \$12,060.65. The ANA spent \$50.

► **A TWO-YEAR STUDY** of hospital financing, to be conducted by a 15-man commission representing a cross-section of the American public, has



been authorized by the American Hospital Association. The study, to cost an estimated \$300,000, is expected to establish a uniform pattern for the support of voluntary institutions throughout the U.S. Philanthropic organizations and individuals will be asked to contribute funds to pay for the study.

► **ABOUT PEOPLE:** When Loyola's School of Nursing merged with the University's Departments of Public Health Nursing and Nursing Education, *Gladys Kiniery, R.N.*, was appointed Dean, succeeding *Sister Helen Jarrell, R.N.*, who became Dean Emeritus . . . New additions to the ANA headquarters staff are *Mrs. Elizabeth Ann Edwards, R.N.*, assistant executive secretary, former instructor in psychiatric nursing at Bellevue Hospital and director of student personnel and guidance at Harlem Hospital School of Nursing, from which she graduated . . . Also two non-nurse economic specialists, *Rebecca J. Kinports*, research associate with the ANA Economic Security Unit, who has had broad industrial and labor experience as a statistician

and analyst, and *May Bagwell*, ANA headquarters consultant in industrial relations and economics, who served as director of adult education and social action at the Henry Street Settlement in N.Y.C., industrial secretary for the YWCA in China and this country, and labor economist with the U.S. Women's Bureau . . . *Virginia B. Elliman*, for the past two years director of Nursing Service for the Eastern Area of the American Red Cross, has been appointed national director of Disaster Nursing and Nurse Enrolment for that organization . . . Oklahoma's oldest nurse, *Marjorie Morrison*, who helped organize the Oklahoma State Nurses Association, died recently in Oklahoma City at the age of 83 after 46 years of continuous nursing service . . . *Gerd Oyen* has resigned as assistant executive secretary of the New York State Nurses Association because of ill health. *Katherine E. Rehder*, who will replace Miss Oyen, is a graduate of the Church Home and Hospital, Baltimore, Md., and has a B.S. degree from New York University . . . *Lilli Petschnigg*, the recently appointed assistant

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Style No. 925 by Barco of California. Button-down front, trench tuck on blouse. Loose contour belt, convertible hi-low collar. $\frac{3}{4}$ length sleeves. Removable shoulder pads. Sizes 10-20. \$14.95.

Style No. 918—same uniform in de luxe poplin. \$8.95



Style No. 933 by BARCO of California. Buttons down the back. Multiple trench tucks, "midriff" set-in belt, removable shoulder pads, French cuffs. Sizes 10-18. \$14.95.

Style No. 1933—same uniform in short sleeves. \$14.95.

No. 931—same uniform in poplin (long sleeves). \$8.95.

No. 1931—short sleeves. \$8.95.



Style No. 813 by Barco of California. "Gibson Girl" model. Full-swing circular skirt, zip-fastening, action back, Peter Pan collar, sunburst tucks. $\frac{3}{4}$ length push-up sleeves. Sizes 10-18. \$13.95.

Style No. 913—same uniform in pre-shrunk sharkskin. \$7.95

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Please send me:

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- .. Size No. 918 @ \$ 8.95 ea. Size ..
- .. Style No. 933 @ \$14.95 ea. Size ..
- .. Style No. 1933 @ \$14.95 ea. Size ..
- .. Style No. 931 @ \$ 8.95 ea. Size ..
- .. Style No. 1931 @ \$ 8.95 ea. Size ..
- .. Style No. 813 @ \$13.95 ea. Size ..
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N. 1949

director of the Nursing and Social Service Bureau, League of Red Cross Societies, has returned to Switzerland after a four-months' intensive study of American Red Cross affairs.

► **THUMBS DOWN** on the Hoover Commission's plan to amalgamate VA's, armed services' and USPHS' medical and hospital facilities in a United Medical Administration, is the attitude of the American Legion and other veteran groups. The Legion maintains that good medical service cannot be given if separated from its own administrative set-up.

► **THE WISCONSIN** Association for Public Health, a new public health organization, has been formed in Wisconsin for the purpose of promoting and protecting public and personal health. Active and associate membership is extended to all professional public health workers.

► **BONE BANK** freezing units were recently installed in two more voluntary hospitals in the New York area, bringing to five the number of local institutions equipped to pre-

serve human bones. The new installations are at the Hospital for Joint Diseases, Manhattan, and the St. Charles Hospital, Brooklyn. Previously established banks are at the Hospital for Special Surgery, New York Orthopaedic and Queens General, the latter an institution supported by taxes.

► **WELL-HEELED PATIENTS** have been getting healed for nothing at Gallinger Hospital, tax-supported institution in Washington, D.C., it was discovered after a survey of 1948 admissions. From now on, Gallinger's new admissions office, staffed by personnel of the District Health Department's Hospital Permit Bureau, will carefully screen every applicant.

► **NEWSLINGS:** New York Eye and Ear Infirmary has dropped its proposed merger with Manhattan Eye, Ear and Throat Hospital . . . University of Illinois Hospitals are offering new postgraduate courses in orthopedic nursing, which will be given three times each year, starting in January, May and September. For more details write University of Il-

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linois, 1819 W. Polk St., Chicago, Ill. . . . First class in aeromedical nursing since merger of military services for flight training program has been graduated from USAF School of Aviation Medicine, Randolph Field, Tex. Graduates were 11 Army, one Canadian RAF and eight Navy Nurses . . . New Jersey Legislature has received bill that would give doctors, dentists and nurses right to withhold confidential information of patients from the courts except in criminal cases . . . Doctors recruit more girls for the nursing profession than any other group, according to a study made recently by the Indiana State Nurses Association, which polled 730 enrolees of Indiana nursing schools . . . Bill backed by the VFW has been introduced to the House, authorizing appointment of chiropractors by VA medical department . . . Radioisotopes, used in cancer research, will henceforth be offered free by the Government to all qualified cancer researchers.

► **OVER PROTESTS**, British medical students at London Hospital will be at the mercy of nursing super-

visors for three weeks of their medical course—mitering corners, giving bed baths, and taking temperatures. Dr. Archibald Clark-Kennedy, the hospital dean, believes that in order to recognize good nursing care, doctors should have some of the same training as nurses.

► **TO HELP NURSES** throughout the country to consider the relative merits of the two new structure plans, the "Handbook on the Structure of National Nursing Organizations" has been distributed to state and local units of the six national nursing organizations for study by workshops and institutes. It can be obtained in single copies or in quantities by writing the Committee on the Structure of National Nursing Organizations, Room 209, 250 West 57th Street, New York, N.Y.

► **PREPAID MEDICAL** and hospital care bill introduced in the New York Legislature would provide for financing by 2 per cent payroll tax to be divided between employer and employee. Plan would pay for medical, hospital and laboratory services



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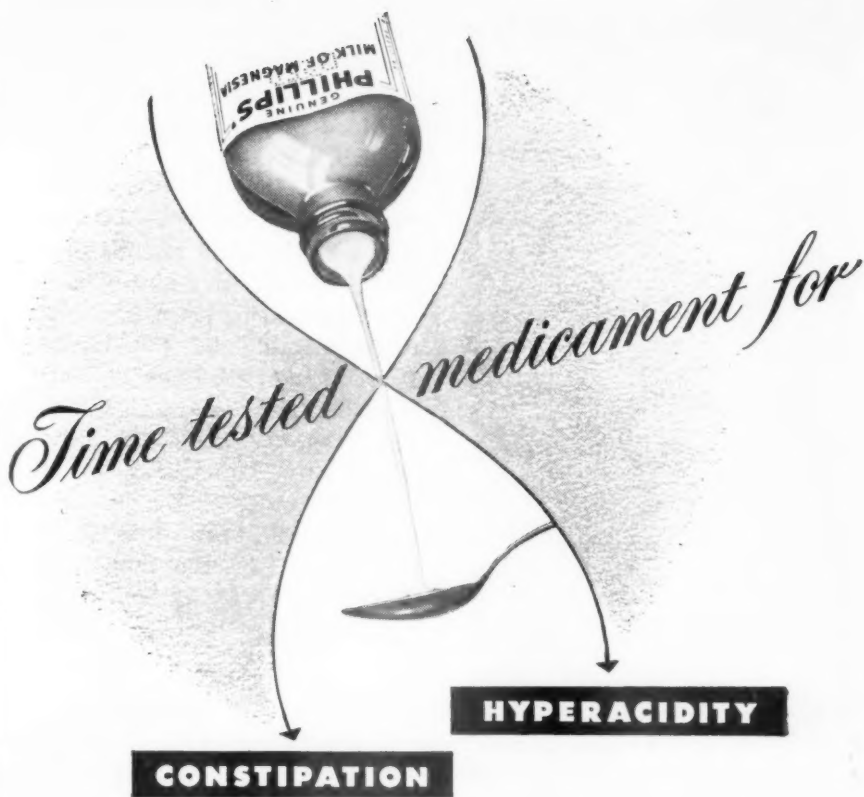
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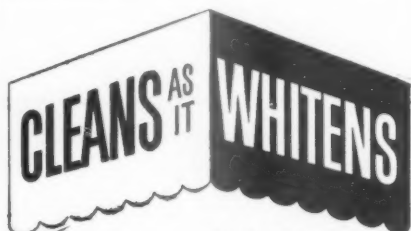
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for 100 days for each continuous period of disability, and would not infringe on patients', doctors' or hospitals' prerogatives. Voluntary health insurance holders would be exempt provided their plans gave them the same benefits.

► A TIME-SAVER for interested R.N.'s is the handy, annotated index of articles appearing in medical, surgical and nursing journals, published twice monthly by the Carrie J. Brink Memorial Library of Bellevue Hospital. Issues can be kept in three-ring, loose-leaf notebooks, or items posted on 3 x 5 cards for filing. Subscriptions at \$2.50 a year may be obtained from Carrie J. Brink Memorial Library, 440 East 26th St., New York 10, N.Y.



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ENERGINE SHOE WHITE

Legislation

[Continued from page 40]

nurses rather remotely, and controversial issues are involved," a Displaced Persons Committee under the chairmanship of Helen Murphy, R.N., has circulated questionnaires to schools of nursing in Michigan to learn the number of displaced nurses that the schools could accommodate under definite conditions. This information pooled with the Committee, which coordinates its activities with all interested groups, shows 85 positions with housing provided and 35 positions without.

The State of Michigan is prepared to absorb and be responsible for 120 displaced nurses. How many other states are?

—A. R. C.



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Home Permanents

[Continued from page 45]

The Portrait Home Permanent, a product of Lehn and Fink, has been endorsed by *Parents Magazine*, and Daggett and Ramsdell's Debutante kit has been given the *Good Housekeeping* Guaranty seal.

One of the original obstacles the cold wave kits had to overcome was the aura of mysticism surrounding permanent waving. This, it appears, has been deliberately created by the beauty shops to justify the high prices they charge for permanent waves. The steadily growing number of cold wave kit users have proved that it can be done successfully at home, if directions are carefully followed. The convenience of waving hair at home far outweighs the extra time required since the solutions used in the home kits are weaker than those employed in the beauty parlor cold waving. However, it is also true that the home wave many times takes much longer than the advertisements might have led one to expect.

Many women are now enjoying an entirely new beauty experience because of the home kits. Persons who are bedridden, those living in rural areas, nurses whose hours make it difficult for them to get beauty shop appointments, and others who could never afford a beauty shop wave, have become regular users of the home permanents. Especially for those women confined to their homes by illness, the home kits have provided an important psychological lift.

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4-49, Reg. Nurse Mag.



Teeth

[Continued from page 41]

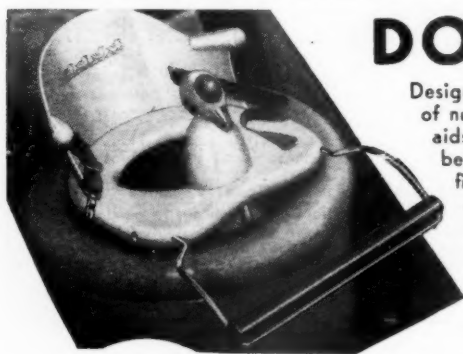
thorities thought that proper oral hygiene habits could help prevent this tooth decay process. Although brushing our teeth twice a day may keep our mouth clean, keep our gums in good condition and make us socially acceptable, there is no evidence yet that the toothbrush wards off decay, unless it is used right after eating. The American Dental Association recommends salt and soda as the best dentifrice for cleansing, and plain water for a mouthwash; it refuses to put its stamp of approval on the more expensive and flavorsome dentifrices and mouth washes on the market.

The long-held view that certain foods like milk and vegetables play important roles in preventing tooth decay has been disproved in recent years. A diet rich in calcium, phosphorus and vitamin D will contribute to the formation of healthy teeth in embryonic life and childhood, but even well-calcified teeth can decay. Furthermore, when the teeth are already formed in adult life, a well-

balanced diet can aid the general health and even the condition of the gums, but cannot increase the teeth's immunity to decay.

Although several theories have been advanced concerning the etiology of tooth decay, there is still no absolute proof that one factor is totally responsible. Preliminary studies of caries produced in the teeth of Syrian hamsters (rats with teeth similar to those of human beings) show that unidentified organisms in the plaque or mucus film adhering to teeth may prove just as destructive as the *Lactobacillus acidophilus*, the organism generally blamed for producing decay. These latter bacteria, by releasing enzymes which ferment sugar, indirectly create a corrosive acid that literally consumes our teeth.

Italian children living under subnormal nutritional standards during the recent war exhibited two to seven times less tooth decay than American children enjoying the highest living standards in the world. The reason given for this startling discrepancy is the extremely high American sugar consumption. An



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Designed to meet the training recommendations of nurses and pediatricians. Adjustable footrest aids in normal bowel evacuation. Or seat can be used on chamber so that infant plants feet firmly on floor. Duck deflector aids posture — prevents slumping forward and gives infant sense of security—something to hang on to. Sturdy. Sanitary finish. No folding devices to pinch baby's fingers.

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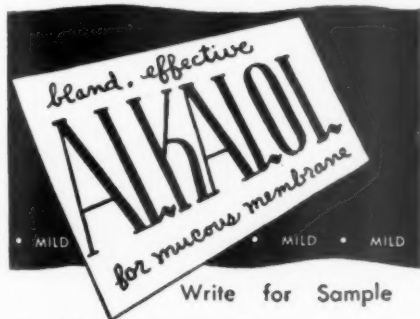
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increased sugar consumption of about 120 pounds per person per year in a 100-year period has brought with it a steadily increasing number of carious teeth. Research on substances, which when added to sugar will check its fermentation by inhibiting the enzyme action of the *Lactobacillus*, is now underway.

Most dental authorities agree that the only way to prevent caries by dietary control is to limit sugar consumption, an impractical task in this cola-drinking and candy-bar-loving country of ours. Conscientious individuals, however, may follow dental diet lists which allow only 100 grams of sugar a day. Another preventive method suggested is to brush the teeth immediately, not more than 3 or 4 minutes after eating, in order to wash away food particles. The dangerous acidity produced by fermentation of sugar or refined starches occurs a few minutes after eating and its action continues unabatedly for about half an hour.

Far more rewarding attempts to prevent or mitigate tooth decay have been made in the field of chemical research. A method of increasing the

resistance of the tooth itself to the damaging effects of acid has been developed through the use of fluorine, a substance readily absorbed by enamel and dentine. The dental importance of fluorine was first suspected from a study of the brown mottled teeth observed in inhabitants of the Pikes Peak area of Colorado. Comparison of this area's drinking water with that of other communities where people had normal teeth showed the only difference to be the presence of fluorine in the Pikes Peak water. Further experiments revealed that persons with mottled teeth showed unusual resistance to tooth decay. With these observations in mind, investigators finally determined the proportion of fluorine and water necessary for producing maximum caries resistance in the teeth without the side effect of mottling. The addition of sodium fluoride to community water supplies, a program sponsored and approved by the American Dental Association and the United States Public Health Service, has already begun in Newburg, N.Y., Grand Rapids, Mich., and other cities. Results of these



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cities' experiments will not be known until 1950, but it is estimated that there will be 60 per cent less tooth decay in children who have been brought up on the fluorinated water. Unfortunately for adults, there is no evidence at the present time that they will benefit from any of these programs.

Another fluorine procedure, employed increasingly by private dentists and clinics, and approved by the ADA and the USPHS, is the topical application of a 2 per cent sodium fluoride solution. In clinical experiments, this procedure has resulted in a 40 per cent reduction of dental caries in children, but has not affected adults' teeth. Fluoride preparations such as chewing gum, lozenges and troches do not show sufficient value at the present time to warrant use, but tablets may prove helpful for children with no access to drinking water containing fluorine.

Other advances have been made in dental research, which promise to control decay in adults' teeth. From studies made of the saliva from mouths of non-cariou individuals, it was found that a low or non-existent Lactobacillus count was associated with the presence of nitrogen ammonia. Conversely, it was observed that saliva from persons with carious teeth showed very little ammonia content and a high Lactobacillus count. After experimenting with various compounds, dibasic ammonium phosphate was finally chosen as the most effective agent for releasing ammonium ions to lower this high bacterial count. It is used to

Which is more resistant to common infant skin irritants



...the **continuous** film of Mennen Baby **oil**?

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Recent tests by an independent research chemist¹, compare Mennen Baby Oil and a commercial baby lotion, as to their penetrability by common infant skin irritants.

These tests utilized a method originally devised by Schwartz, Mason and Albritton² for the evaluation of protective ointments. Film layers of 0.07 mm were achieved, to approximate as closely as possible oil film on infant skin.

The results of these tests, as reported in a leading medical journal³, indicate:

1. Mennen Baby Oil was impenetrable for periods of at least three hours to common infant skin irritants: urine; acidic suspension of feces and aqueous solutions of acid and alkaline reaction.
2. The baby lotion, however, was universally penetrated by all these irritants within 60 seconds. (The film formed by baby lotion established an aqueous phase between its upper and lower boundary, thus permitting immediate and facile penetration.

The findings also report:

Mennen Baby Oil: "The film of the baby oil... is homogeneous in appearance."

Baby lotion: "Pictures show numerous jagged particles... presumably traces of the stabilizing agent and other crystalline ingredients left after evaporation of the aqueous phase."

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Film of Mennen Baby Oil (0.21 mm), 20,000 X. Note homogeneous character.



Film of evaporated baby lotion (0.21 mm), 20,000 X. Note breaks, irregularity.

- 1. Eisner, H.—A Method for the Study of the Penetrability of Liquid and Semisolid Films Used in Skin Protection. *Journal of Investigative Dermatology*, Vol. 10, No. 4, April 1948. Reprints upon request.
- 2. Schwartz, L., Mason, H.S., and Albritton, H.R.—A Method for the Evaluation of Protective Ointments. *Occupational Medicine* 1:376-385 (April) 1946.

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the best clinical advantage with urea, a synthetic nitrogen compound, which appears to neutralize acids before they have an opportunity to attack the enamel. Both of these substances are contained in the ammoniated tooth-powders, now available to the public. Development of an ammoniated toothpaste has been slower due to the chemical impossibility of using water in the formula, but this product should appear on the market within a few months.

Dr. Bernhard Gottlieb, Director of the Department of Oral Pathology and Dental Research at Baylor University, Dallas, Tex., has based his research on an entirely different concept of tooth decay. He believes that micro-organisms attack the inner structure of the tooth instead of the tooth enamel and enter by small openings or fissures in the enamel. Dr. Gottlieb's method of impregnating or walling off these fissures is receiving enthusiastic reception by some dentists and the press. The ADA, however, has chastised *Collier's Magazine* for publicizing this treatment, and says in effect that there is not sufficient evidence for its approval or disapproval. Dr. Gottlieb claims a 90 per cent reduction in cavities, but only 58 children, with 12 as a control group, were used in one series of his experiments, and only 42 children in another series.

Less well-known decay preventives, still in the experimental stage, are vitamin K and penicillin. Synthetic vitamin K or menadione, in a chewing gum base, acts as an enzyme poison, thereby thwarting the pro-

duction of acid. Its effects have not been sufficiently studied to justify wide-spread use. Penicillin has been used both experimentally and clinically with fairly good results. However, the question of whether continuous small doses will create penicillin resistance in pathogenic organisms must be settled before it is prescribed specifically for dental caries.

Preventive dentistry has progressed at a rapid pace in recent years. Everywhere, researchers are testing new methods of improving the disgraceful status of our teeth. It is paradoxical that a nation with the highest medical and dental standards in the world should suffer from such a high percentage of tooth decay. Teeth are important. They're made to live with, eat with and grin with. It should not be necessary for us to accept false teeth or suffer toothache at an age when we should still get a kick out of eating filet mignon.

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[Bibliographies of the two preceding drug articles on analgesics and obesity are available on request.]

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R.N. Speaks

[Continued from page 27]

The theorists believe they are justified in asking for radical changes in nursing education on the basis of offering a substitute. They believe, *without sufficient experimentation*, that the practical nurse with her one year's training under the supervision of a degreed professional nurse will be a capable substitute for the three-year student nurse and the R.N.

They believe there will be no conflict, economic or otherwise, between the R.N. and the practical nurse during this 10-year transition period.

Miss Lucille Petry, Chief, Division of Nursing, Public Health Service, assures us that in 10 years there is a complete turnover in the nursing profession, estimating the annual rate of withdrawal as 10 per cent. This statement implies that there will be little overlapping of today's R.N.'s and tomorrow's practical nurses.

As of now, no one knows the exact attrition rate of R.N.'s. Roughly it has been estimated anywhere from 6 to 10 per cent. The estimate of 8 per cent is more frequently used. It is questionable estimates such as these: 100 per cent attrition rate in 10 years; two practical nurses to every professional nurse; about 70 per cent of the personnel in hospitals should be non-professional—that are dangerous. In theory they may be fine but watch them when it comes to actual application.

Let us look at the theoretical 100 per cent turnover in 10 years.

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Please send me a **FREE** copy of your booklet,

"The Story of Germa-Sized Hosiery".

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280,500 R.N.'s actively practicing nursing in the U.S. Of that number 172,505 were under 40 years of age, but 107,995 were over 40. Moreover, of the figure 107,995, those 50 years of age and over numbered 57,405.

In 1948 there were 85,597 students enrolled in the 1,245 state-accredited schools offering *diploma programs only*. Making allowance for a downward fluctuation in this figure when more students are attracted to subsidized degree-conferring collegiate schools in the future, it is still hard to be convinced that the large number of R.N.'s without degrees won't be caught in an economic squeeze play in 10 years or before.

Nurses have been promised long-range thinking and planning.

Practical nurses with a minimum of training already are receiving two-thirds of the R.N.'s salary, in some instances more. With their one year's education subsidized by the Government, it isn't difficult to hazard a guess as to which schools will of necessity fold their tents and rapidly disappear into limbo.

In these precarious days, can we afford to plan for revolutionary professional changes purely on the basis of what is *believed* to be the answer? Granted that there is definite need for the practical nurse, have sufficient job analyses been done and evaluated to plan along the lines now advocated? Can we afford haste? If there is a mistake, the expense won't be only in dollars and cents; the costs will be in patients' lives and nurses' futures.

Can nurses be assured that by

delegating the bedside care of patients to practical nurses they are not giving up the very reason for their existence?

Can the practical nurse adequately and safely substitute for the R.N. in the homes unsupervised, and in the hospitals presumably supervised, when qualified professional supervisors are at a premium? Is it sincerely believed that the new miracle drugs have removed the necessity for the kind of nursing care we have been led to believe constitutes good bedside nursing?

This belief is of extraordinary significance not only to the nurse but to the patient and community. Is any one of us wise enough to predict, or have we had enough concrete evidence of the incompatibility of the graduate registered nurse with present day needs?

Has enough research and experimentation been done on the three-year school to know whether it should be decreased, increased or eliminated?

Is it necessary, in improving the basic training course, to plan toward the ultimate removal of the foundation upon which the nursing profession stands?

Can we be sure that in working toward the elimination of the R.N., we are actually providing something better?

Is there not a possibility that in a subsidized accelerated practical nurse program such as planned we might not be driving out one evil, and enticing seven more to return?

—ALICE R. CLARKE, R.N.

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Hip: ☐ Small 31"-36" ☐ Medium 36"-40"

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Candid Comments

[Continued from page 31]

inevitably means the possession of power, and the possession of power is a test of character. Serving is not only a matter of our willingness to work, but our willingness to qualify for the work. Perhaps the greatest criticism that can be levelled at a trustee is that she does not know what her job is—she just came for the ride. We can't afford that kind; the challenges are too mighty. Only through a strong, moving organization can the profession meet its obligations to the community and to the nurse.

Nurses know today that big issues are at stake. They realize that these issues are in the hands of their trustees, and their new look at these trustees is cool, critical and, yes, sometimes unjust. The nurse who accepts leadership or aspires to it must take the bitter with the sweet. It is all a part of a satisfying and rather wonderful service in a highly useful profession.

"The road to leadership is not particularly comfortable," wrote a distinguished leader. "Men with conscience and judgment, plus courage to act, and willingness to take the penalties of responsibility, are the stuff of which leaders are made."

In Europe, in the 17th and 18th centuries, nurses all wore as professional identification, a gold signet ring on the "marriage" finger—a hand holding a sop-rag. (The marriage finger was used to suggest how dear the profession was to them.)

april R.N. 1949



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Carnation Evaporated Milk is an especially suitable milk for infant-feeding and for bland and special diets. It is...

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WRITE FOR "Your Contented Baby"—36 pages of helpful suggestions on baby care, written by a graduate nurse for the benefit of mothers. Address Dept. N-49, Carnation Company, Los Angeles 36, California.

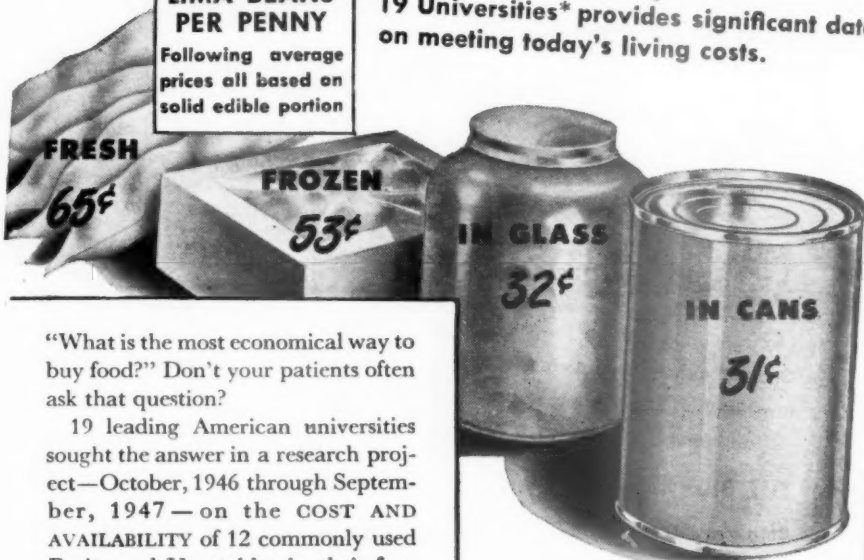


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Following average
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19 leading American universities sought the answer in a research project—October, 1946 through September, 1947—on the COST AND AVAILABILITY of 12 commonly used Fruits and Vegetables in their four regularly marketed forms . . . FRESH, FROZEN, in GLASS, and in CANS.

The results of this comprehensive study boil down to this: *Penny for penny, canned foods in general give consumers more food for their money, as well as more nutritional values. Most foods in cans cost less than the same foods in glass—less than fresh foods—and far less than frozen foods.*

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ADMINISTRATIVE ASSISTANT: 90 bed approved eastern hospital with accredited school. Residential community. (N120) Woodward Medical Bureau, 185 North Wabash, Chicago.

ADMINISTRATOR: 40 bed up-to-date hospital; attractive midwestern location. \$3600 maintenance. (N206) Woodward Medical Bureau, 185 North Wabash, Chicago.

ANESTHETIST: 30 bed new southern hospital. Modern equipment. Must be well trained, experienced. (N368) Woodward Medical Bureau, 185 North Wabash, Chicago.

ANESTHETIST: 600 bed hospital. Department directed by medical anesthetist. Full complement 14 nurse anesthetists. 40 hour week with paid overtime. Liberal vacation. Sick leave policy. Adequate salary. Quarters available if desired. Apply: Director Anesthesia, The Harper Hospital, Detroit 1, Michigan.

ANESTHETIST: To join staff of 18 man clinic; town of 50,000; Rocky Mountain state. RN4-3, Burneice Larson Medical Bureau, Palmolive Building, Chicago.

ANESTHETIST: To administer anesthetics for surgeons. Diplomate of American Board and head of department. small clinic; university town; East. RN4-4, Burneice Larson, Medical Bureau, Palmolive Building, Chicago.

ANESTHETIST: Fully approved; general hospital; pleasant working conditions; salary \$250 including full maintenance. Good Samaritan Hospital, Lebanon, Pa.

ANESTHETIST: General hospital, 85 beds; Southern Oregon; \$350. Business and Medical Registry (agency) 553 S. Western Ave., Los Angeles 5.

ASSISTANT ADMINISTRATOR: 300 bed general hospital; degree desirable; Middle Western Metropolis. RN4-7, Burneice Larson, Medical Bureau, Palmolive Building, Chicago.

ASSISTANT DIRECTOR OF NURSES: Large approved hospital. eastern medical center. Degree. \$4000. (N147) Woodward Medical Bureau, 185 North Wabash, Chicago.

ASSISTANT DIRECTOR: 200 bed hospital affiliated with group clinic; all-graduate staff; \$4800; West. RN4-9, Burneice Larson, Medical Bureau, Palmolive Building, Chicago.

CLINICAL INSTRUCTOR: Immediate opening in 300 bed general hospital; approved school of nursing; large student body. Experienced R.N. with degree in nursing education required; salary \$250 per month; vacation and sick leave policy. Write Personnel Director, Aultman Hospital, 625 Clarendon Ave., S. W., Canton 6, Ohio.

CLINICAL INSTRUCTORS—Two. Teach materia medica and medical and surgical nursing; 250 bed Catholic hospital, on coast. Central California. Business and Medical Registry (agency) 553 S. Western Ave., Los Angeles 5.

DIETITIAN: Modern 52 bed hospital, town of 8000 on ocean near San Diego; \$225 with assured increases; 5 day week. Business and Medical Registry (agency) 553 S. Western Avenue, Los Angeles 5.

DIRECTOR OF NURSES: Well qualified. 200 bed approved Florida hospital. Resort area. \$5000. (N461) Woodward Medical Bureau, 185 North Wabash, Chicago.

DIRECTOR OF NURSES: Degree; experience. 150 bed approved western hospital having accredited school. \$4200. (N493) Woodward Medical Bureau, 185 North Wabash, Chicago.

DIRECTOR OF NURSES: Experience psychiatric therapy; small private hospital. Midwest capital. \$3900. (N473) Woodward Medical Bureau, 185 North Wabash, Chicago.

DIRECTOR OF NURSING SERVICE AND SCHOOL: 500 bed hospital, unit of university group; expansion program; East; \$6000. RN4-10, Burneice Larson, Medical Bureau Palmolive Building, Chicago.

EDUCATIONAL DIRECTOR: \$3600 maintenance. 200 bed approved hospital near Chicago. Pleasant community. (N164) Woodward Medical Bureau, 185 North Wabash, Chicago [Turn the page]

EDUCATIONAL DIRECTOR: Large teaching hospital; 270 students; staff of eight instructors, four teaching supervisors; interesting location. RN4-16, Burneice Larson, Medical Bureau, Palmolive Building, Chicago.

FLOOR DUTY R.N.: Small rural hospital in small midwest town; \$250 and maintenance—40 hour week. Shay Medical Agency, 55 E. Washington St., Chicago 2, Ill.

GENERAL DUTY NURSES: Several; 200 bed general hospital operated under auspices large industrial company; excellent living accommodations; town of 25,000; West; \$260; increase after three months. RN4-17, Burneice Larson, Medical Bureau, Palmolive Building, Chicago.

GENERAL DUTY NURSES: Two. Small general hospital. Salary \$200.00 and complete maintenance. Apply L. A. Garber, R.N., Supt. Imperial Community Hospital, Imperial, Nebraska.

GENERAL DUTY NURSES: 75 bed hospital; 80 miles south of Twin Cities; salary \$185; maintenance deducted. Apply Immanuel Hospital, Inc., Mankato, Minn.

GENERAL DUTY NURSES: Salary starts \$217.80 with full maintenance; raise in three months and six months; \$5 more for nights; 44-hour week; two weeks' vacation after one year. Oakland County Tuberculosis Sanatorium, Pontiac, Mich.

GENERAL STAFF NURSES: For 100 bed tuberculosis hospital; 40 hour week; cash salary \$165 plus complete maintenance. Additional \$10 per month for night duty. Sick leave; Retirement Fund; two weeks' paid vacation. Apply to Director of Nurses, Mineral Springs, Cannon Falls, Minn.

GENERAL STAFF NURSES: \$170 plus meals, \$10 increase every six months for 2 years. 2 weeks' vacation. 2 weeks' sick leave. Write Hamilton County Public Hospital, Webster City, Iowa.

GENERAL STAFF NURSES: University Hospital, Ann Arbor Michigan. 5 day 40 hour

week. Hospital day begins at 8:00 a.m. Positions in operating rooms, surgical, medical, neuropsychiatric, and tuberculosis nursing units. All University holidays with pay; 12 days' illness allowance yearly and 12 rotating hours of duty. \$205 per month minimum, \$215 maximum. Additional \$5 per month for permanent evening or night duty. Promotion to nursing unit administrative positions made from general staff. Room charge \$20.00 per month for nurses desiring to live in nurses' residences. Write Director of Nursing.

GRADUATE NURSES: Seven wanted for general duty during summer months starting June 1 in well-equipped 24 bed hospital in resort town adjacent to Yellowstone Park. Eight hours; six days; full maintenance; opportunity to spend the hot summer months in mountainous regions of Jackson Hole, Wyo. Apply Superintendent of Nurses, St. John's Hospital, Jackson, Wyo.

GRADUATE NURSES: 75 bed general hospital, 8 hour shifts, 6 day week, maintenance in beautiful nurses home; salary \$155 per month. Write Dr. Fred V. Shadid, Medical Director, Community Hospital, Elk City, Oklahoma.

HEAD NURSES and GENERAL DUTY NURSES: For 650 bed tuberculosis hospital located 15 miles south of St. Louis. Gross starting salary: head nurses \$265 per month; general duty nurses \$250 per month; yearly increments granted; full maintenance if desired at \$48 per month. 44 hour week; three weeks' annual vacation; 11 holidays a year; accumulative paid sick leave after 60 days' employment; must be eligible for Missouri registration. Apply Superintendent of Nurses, Robert Koch Hospital, Koch, Mo.

ILLUSTRATOR: Medical. For 100 bed hospital well known for scientific achievements cancer research. Midwest. (N101) Woodward Medical Bureau, 185 North Wabash, Chicago.

INSTRUCTOR: Clinical. 100 bed general approved hospital; Illinois college town. \$3000 maintenance. (N138) Woodward Medical Bureau, 185 North Wabash, Chicago.

[Turn the page]



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INSTRUCTOR: Nursing Arts. 400 bed approved general hospital, adjacent eastern university. \$4000 (N238) Woodward Medical Bureau, 185 North Wabash, Chicago.

INSTRUCTOR: Nursing Arts. 100 bed approved hospital; attractive location east coast. \$3600 maintenance (N221) Woodward Medical Bureau, 185 North Wabash, Chicago.

INSTRUCTOR—and educational assistant, leading to position as educational director; good connection in 250 bed general hospital in San Francisco area; salary open; 40 hour week. Business and Medical Registry (agency) 553 S. Western Ave., Los Angeles 5.

INSTRUCTOR: Psychiatric Nursing. University hospital. West. Opportunity for advancement. \$3000 maintenance (N110) Woodward Medical Bureau, 185 North Wabash, Chicago.

INSTRUCTOR: Science. 100 bed approved hospital; attractive southwestern resort community. \$3200 maintenance. (N153) Woodward Medical Bureau, 185 North Wabash, Chicago.

INSTRUCTOR: Science. Attractive opportunity; small approved hospital northern Pennsylvania. \$3350. (N123) Woodward Medical Bureau, 185 North Wabash, Chicago.

MALE NURSES: Several; registered; general hospital; 300 beds; town of 45,000 short distance from university center; East. RN4-22, Burneice Larson, Medical Bureau, Palmolive Building, Chicago.

NIGHT SUPERVISOR: 100 bed approved general hospital; southeastern college town. \$300 maintenance. (N125) Woodward Medical Bureau, 185 North Wabash, Chicago.

NIGHT SUPERVISOR: 140 bed hospital. Salary open. 60,000 population. 23 miles north of Cincinnati, Ohio. Fort Hamilton Hospital, Hamilton, Ohio.

NURSES: 25 bed hospital. \$175 with full maintenance for general duty. \$200 with full maintenance for o.b. scrub nurse. Need help soon. Can place immediately. Lincoln County Miners Hospital, Kremmerer, Wyoming.

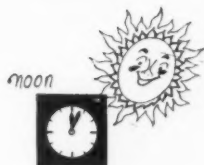
NURSES: General staff and charge duty. 40 hour week, good salary. Apply Superintendent of Nurses, Long Beach Memorial Hospital, Long Beach, New York.

NURSING ARTS FACULTY VACANCY: Degree and experience for N.L.N.E.; accredited school with college affiliations; in 230 bed beautifully located, general hospital; 44 hour week; excellent personnel policies; maintenance optional. Apply Director School of Nursing, Blodgett Memorial Hospital, Grand Rapids, Mich.

OBSTETRICAL SUPERVISOR: Postgraduate course and experience; small department, relatively new hospital in fertile agricultural and industrial area 50 miles

[Turn the page]

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Now you can have those well-groomed hands *On Duty* as well as *Off Duty*—in spite of the drying damage of frequent scrubblings, soap and water.

With **TRUSHAY** that is.

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from Los Angeles; \$240; 40 hour week. Business and Medical Registry (agency) 553 S. Western Ave., Los Angeles 5.

OBSTETRICAL SUPERVISOR: \$3000 Small air conditioned hospital; attractive southern location. (N129) Woodward Medical Bureau, 185 North Wabash, Chicago.

OBSTETRICAL SUPERVISOR and ASSISTANT SUPERVISOR: 400 bed hospital in Western New York State. Obstetrical division 65 beds. Responsible for administration of division and instruction of student nurses. Salary open. Apply Rochester General Hospital, Rochester, N.Y.

OCCUPATIONAL THERAPIST: Chief. Outstanding tuberculosis sanitarium, eastern metropolis. \$4000. (N130) Woodward Medical Bureau, 185 North Wabash, Chicago.

OPERATING ROOM NURSES: Previous O.R. experience unnecessary. \$200 cash salary for experienced nurses. Rooms in nurses home available reasonably. Also need general staff nurses. Write Box 400 c/o R.N.

OPERATING ROOM NURSE: 75 bed hospital; 80 miles south of Twin Cities; salary \$215; maintenance deducted; \$2 per call. Apply Immanuel Hospital, Inc., Mankato, Minn.

OPERATING ROOM SCRUB NURSE: \$155 per month to start plus full maintenance; \$5 increase each year for five years; vacation; sick leave. Apply Princeton Hospital, Princeton, N.J.

OPERATING ROOM SUPERVISOR: 100 bed approved general hospital; pleasant residential community near Chicago. \$3000 (N234) Woodward Medical Bureau, 185 North Wabash, Chicago.

PEDIATRIC SUPERVISOR: Large general hospital; busy department; attractive location; California; \$3300 increasing to \$4000. RN4-23, Burneice Larson, Medical Bureau, Palmolive Building, Chicago.

PEDIATRIC SUPERVISOR: East. Salary commensurate with preparation and exp.,

\$225 up to start; 130 bed general hospital in metropolitan area. Shay Medical Agency, 55 E. Washington St., Chicago 2, Ill.

PRACTICAL ARTS INSTRUCTOR: East. 100 bed hospital; salary will be "good." Pop. 32,000, near large city. Shay Medical Agency, 55 E. Washington St., Chicago 2, Ill.

PSYCHIATRIC R.N.'s: With adequate psychiatric experience. \$200 plus maintenance. Midwest hospital, approved by American Hospital Assn. Shay Medical Agency, 55 East Washington St., Chicago 2, Ill.


PUBLIC HEALTH NURSES: Needed in New York City. Vacancies in Health Department. Generalized service including maternal and child care. School health and communicable disease control. Immediate appointment, provisional basis. Starting salary \$2400, 37 hour week, liberal vacation allowance. In-service training. Write Bureau of Nursing, City Health Department, 125 Worth Street, New York 13, New York.

PUBLIC HEALTH NURSE: To direct newly established visiting nurse association; vicinity New York City; \$4000. RN4-24, Burneice Larson, Medical Bureau, Palmolive Building, Chicago.

PUBLIC HEALTH NURSE: For generalized program including school service; staff of 40 nurses; completion of accredited course in public health nursing required; county car or 7 cents per mile for personal car. Beginning salary \$2940 per annum; merit system; 5-day week; good personnel policies. Write Kern County Personnel Department, Room 108 Court House, Bakersfield, Calif.

REGISTERED NURSES: All services or shifts in 150 bed general hospital. Straight 8 hour, 44 hour week; vacation and sick leave with pay. Beginning \$8 per day; \$8.60 per evening or night. Inexpensive rooms in vicinity. Write Director of Nurses, Glenville Hospital, Cleveland 8, Ohio.

REGISTERED RECORD LIBRARIAN: Experienced. 100 bed hospital-clinical; south. Some dictation. To \$4200 yearly. (N249) Woodward Medical Bureau, 185 N. Wabash, Chicago. [Turn the page]



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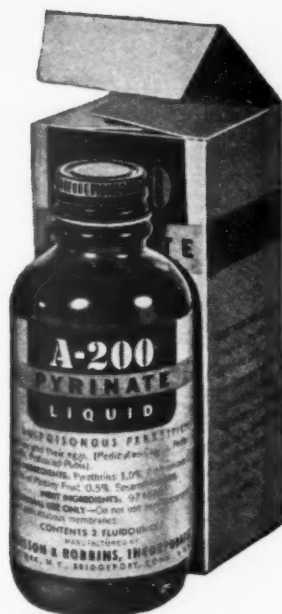
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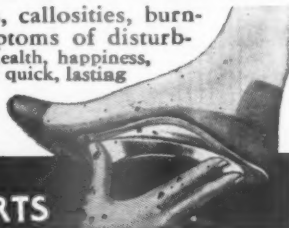
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